

WORKFORCE SERVICES REPORT FORM

Workforce Services
P.O. Box 446
Richmond, Virginia 23218-0446
804/371-8120
(FAX) 804/371-8137

SEND CHECK TO:

COMPANY NAME: _____
COMPANY DEPARTMENT: _____
COMPANY ADDRESS: _____

FEDERAL ID#: _____
CURRENT EMPLOYMENT
AT THIS SITE: _____

#	NAME	HIRE DATE	JOB CLASSIFICATION
1			
2			
3			
4			
5			
6			
7			
8			
9			
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12			
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14			
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17			
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19			
20			
I certify the above employees have been employed for a minimum of ninety (90 days) and the starting weighted average hourly wage rate is:		FOR OFFICE USE ONLY:	
		Date:	
SIGNATURE:		Calculations:	